

N07000005383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RAC
8-20-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Carmel In The Woods Homeowners Association
(Name of Corporation)

DOCUMENT NUMBER: N07000005383

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary A. Barrett
(Name of Contact Person)

Tribune Homes, Inc
(Firm/Company)

1701 Tennessee Avenue Suite 100
(Address)

Lynn Haven, FL 32444
(City/State and Zip Code)

For further information concerning this matter, please call:

Jan Norton at (850) 277-0477
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Carmel In The Woods Homeowners Association
2. The principal office address: 1701 Tennessee Avenue Suite 100
Lynn Haven, Fl 32444
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/30/2007 Document number: N07000005383

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Sonya K Daws
2618 Centennial Place
Tallahassee, Fl 32308

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gary A. Barrett
1701 Tennessee Avenue Suite 100
(P.O. Box NOT acceptable)
Lynn Haven, Fl 32444

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

See Attached
(Signature of an officer or director)

Eric A. Jenkins, President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

See Attached
(Signature of Registered Agent)

07/30/2008
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

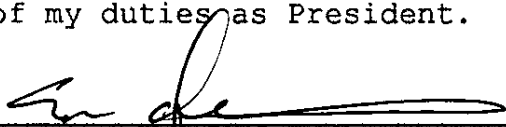
DESIGNATION OF RESIDENT AGENT AND ACCEPTANCE

STATE OF FLORIDA

COUNTY OF BAY

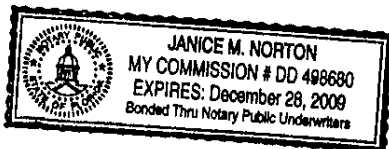
I, ERIC JENKINS, President of CARMEL IN THE WOODS SUBDIVISION,
state under oath that:

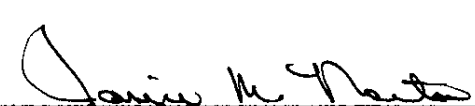
1. I hereby designate GARY BARRETT, of 1701 Tennessee
Avenue, Suite 100, Lynn Haven, Florida, as my agent for the service
of process or notice in any action against me, either in my
representative capacity, or personally, if the personal action
accrued in the performance of my duties as President.



ERIC JENKINS
President

Sworn to and subscribed to before me on this 30th day of July
2008 by ERIC JENKINS, President, who is personally
known to me or who produced _____
as identification.





Notary Public State of Florida
My Commission Expires:
My Commission Number is:

ACCEPTANCE

I CERTIFY that I am a permanent resident of Bay County,
Florida, whose residence is indicated above. I hereby accept the
foregoing designation as Resident Agent.

Signed on this 30th day of July, 2008.



GARY BARRETT